TION is very important.

N. B.—WRITE PL

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Luce Cluces	Registration Dist. No 253
Village or City Stevensville	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Nettie Bordles	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mode) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Wraghelson bordley	2 19 3 3 to Sent 8 19 3 3
6. DATE OF BIRTH (month, day, and year) June - 189	Tast saw h. H. alive on Sept. 7, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
J8 Comprowres min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER Maid My (Fall) SAWYER, BOOKKEPER, etc Maid My (Fall)	Chronic intertial will hater in
9. Industry or business in which	1951
work was done, as SILK MILL, SAW MILL, BANK, etc	surveadura mutralia 1931
10. Date daceased last worked at this occupation (month and) spent in this occupation (month and) spent in this occupation	(demplus atod.)
12. BIRTHPLACE (city or town) Slevensville	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME TO LE SELECTION S	
14. BIRTSPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
[State or country]	Where did injury occur?
17. INFORMANT Orger Dung. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Deliversorble Date 1 10.1933	Nature of injury.
19. UNDERTAKER J. Ca. Thomas	24. Was disease or injury in any way related to occupation of deceased?
(Address) Slevensville	If so, specify
20. FILED Upt 9, 1937. T. Thomas.	(Signed) M. D. (Address) Stevensville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09240
1. PLACE OF DEATH	19
County Mellelle	Registration Dist. No. 254
Village or City Too voule	No. St., Ward
Length of residence in city or town where death occurredyrs	If death occurred in a hospital or institution, give its NAME instead of street and number) is. / Z ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Nacharine Clean	on Briones
(a) Residence: No. Jasonville	St, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Secural Mule OR DIVORCED (wrighthe word)	(Month) (Day) (Yeer)
54. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, that I etlended decessed from
6. DATE OF BIRTH (month, day, end year) Leu 2 1932	I last saw h. L.T. elive on Rep 1 4 4, 1933; deeth is said
7. AGE Years Months Days II LESS than	to have occurred on the date steted above, et 10 15 m.
1 9 1 12 t day,hrs. ormin,	The PRINCEPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEPPER etc.	(D10 - 2 1
8. Industry or business in which	groom maccini
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and speer)	
12. BIRTHPLACE (city or town) / Well (Stete or country)	Other Contributory Causes of Importance:
13. NAME William Co. Survivo	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Repel Helene Jone	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Concerns the second to the s	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place J. asouville Dete. D. 19. 19. 193	Nature of injury
19. UNDERTAKER T.C. Thornasi	24. Was disease or Injury In eny way related to occupation of deceased?
(Addiess) Alexandrile Ma	If so, specify
20. FILED SIPP 1933 Nelen M. Williams	(Address) Here Free M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

	SI	ATE C	OF MARY	/LAND-	CERTIFICATE OF DEATH	241
1.	PLACE OF DEATH	1			and a	~ II
	County L	eul	mue		Registration Dist. No. 253	
	Village or City	teren	will	-, ma	No.	Ward
	Length of residence in city	or town where,	deeth accurred 2		death occurred in a hospital or institution, give its NAMV instead of street and	number)
2.	FULL NAME A	shok	13.		V	***************************************
	(a) Residence No.	XH		o MA	St., Ward.	
Name of		T	(Usual place o		If nonresident give city or town and	State
3. SI	PERSONAL AND		1		MEDICAL CERTIFICATE OF DEATH	
1	nale wh	ite	S. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH Self (Moditi) (Day)	, 193 3 - (Year)
ia. I	f merried, widowed by divorce HUSBAND of Yaxa (or) WIFE of	ua C	look,		22. May 1 HEREBY CERTIFY, Thet i attended 1931 to May 28	deceased from
6. D.	ATE OF BIRTH (month, day, e	nd year) 5	pt 23	1849	I lest saw have alive on selve 1 1933	: death is sal
. AC		Months	Days	If LESS than	to have occurred on the date stated above, at 43 m.	, death is sai
	83	11	21	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
=	8. Trede, profession, or parti	cular SPINNER P	. 0			Date of onset
1	kind of work done, as SAWYER, BOOKKEEPE		liked	armer/	Morro J'clerosio	1920
OCCUPATION	Industry or business in w work was done, as SIL SAW MILL, BANK, etc.	K MILL,	U			
3	10. Date deceased last worker this occupation (month year)	19931	ff. Total tin	ne (years) in this le	In niquel recerrany	
2. B	STRTHPLACE (city or town)	(eut)	sland,	Md.V	Other Contributory Causes of Importance: Sherous of Coronas arthurs	1028
	13. NAME Your	·	rli.	1	J. Stripsof Soft van woulds	1.7.
	14. BIRTHPLAGE (city or town	miss	Queto 1	1 chas	Name of operation	
- [(State or country)	Ken	ut Oslo	und)	What test confirmed diagnosis? Was there an e	utoney?
_	15. MAIDEN NAME Mi	is fa	ue Wo	cher	23. If death wes due to external causes (VIOLENCE) fill in also the following	
• 1	16. BIRTHPLACE (city or town	Men	t Isla	ud,	Accident, suicide, or homicide? Date of injury	
=	(State of country)	1)	narylo	uels.	Where did injury occur? (Specify city or town, county and State	
7, 11	(Address)	dow.	rsoil	le	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
8. B	URIAL, CREMATION, OR REM	OVAL	41 S 1.	41/ 22	Manner of injury	
	Piace Clare	sille	Thate Vep 7	19.2.3	Nature of Injury	
9. U	NDERTAKER (Address)	com	houses	and.	24. Was disease or Injury In any way related to occupation of deceased?	
0 5	LED Sesat. 4 19	20 \$	CThe	mas)	(Signed) Moder Subrular	м. г

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Example I	g g	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU NO		2 5 8 5 2 2 2 3 3 4 4 4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	tem of infor-	should state	of OCCUPA-	
	CORD. Every i	PHYSICIANS	ct statement o	
DITING	. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ARGIN RESERVED FOR BINDING	HIS IS A PER	be stated E	be properly c	of certificate.
NESERVI	ING INK-T	AGE should	o that it may	tions on back
AKGII	VEFT UNFAD	ully supplied.	plain terms, s	t. See instruc
	PLAINLY, V	nould be caref	OF DEATH in	TION is very important. See instructions on back of certificate.
2. MO. 1	BWRITE	mation sl	CAUSE	TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19242)
County Juen acure	Registration Dist. No. 252
Village or City Coutrevelle	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
//	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Benjamin H. Ove	ereg
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("curity the word)	21. DATE OF DEATH Safe 8
male white married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Clune Fithiaw	After 27. 1933 to Saft 8 1933
6. DATE OF BIRTH (month, day, and yeer) Tune 30-1862	I last saw which alive on 2 28 1933 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et / ? _ m.
71 5 0 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trede, profession, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chronic Advitation deplorates
4 3 Industry or business in which	
work was done, as SILK MILL, deley the Sail	
- 1 1 mis secupetion (month and	
year) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Calleweels	
(State or country)	
14. BIRTHPLACE (city or town). Calewell	
7 14. BIRTHPLACE (city or town) Calcule	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 3 Vanue Cueles	23. if deeth was due to external causes (VIOLENCE) fill in also the following:
[6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT MW Bager Hersey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Centrale, ma	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 193.3	Nature of injury
19. UNDERTAKER Lactor / 3 ras	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Cutteoulle, m.s.	If so, specify 7
20. FILED Sept 10 1933 Manie S. Bright	(Signed) M.D.
Local Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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12171	

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09243
1. PLACE OF DEATH	(23)
County Lucen Unne	Registration Dist. No. 254
Village or City Quasawille	No. St. Ward
Length of residence is city or town where deeth occurred 36 yrs. 11 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) 15 ds. How long in U.S. If of foreign birth?
2. FULL NAME aldridge C. Ha	
(a) Residence: No. Prophille	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WHEE of Evelyn K. Buckle	22. I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Sept. 29-1896	I lest saw h. Mel alive on dela 14 1933; deeth Is seid
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
36 11 15 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER,	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (yeers) this occupation (month and	Suvercueses of july
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Spontin this /)	(<i>J</i>
yeer) occupation 12 qu	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town).	
13. NAME John W. Horney 14. BIRTHPLACE (city or town) Grasonille	Name of operetion Date of
(Stete or country)	Name of operation Date of What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Sucie Bruan	23. If deeth was due to externel causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Surie Bryan 16. BIRTHPLACE (city or town). Grassianiel	Accident, suicide, or homicide? Date of Injury, 19
Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. arelyn K. Hurrey (Address) arganizable ma	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Grandsulle Dete Spt. / 6.7933	Neture of injury
19. UNDERTAKER B. A. Fellows (Address) Stell Gond	24. Was disease or Injury in any way releted to occupation of deceased? 10
20. FILED Sept . 15, 1933 Helen Madridg	(Signed) M. D. (Address) Allxefreshle
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	OF MARYLAND—	CERTIFICATE OF DEAT	H 09244
1. PLACE OF DEATH		(17)	50.1
County Luceu C		Registration Dist.	No. 254
Village or City Carun Co	hash	No.	St., Ward
London of continues to the continues	e death occurred yrs. 2 mo	death occurred in a hospital or institution, give its NAME inst	tead of street and number)
Length of residence in city or town wher	1	-i/ . /	yrsds.
2. FULL NAME Mary	Virgenia Carpon	car) Aulchins	
(a) Residence: No.	armelial mil	St., Ward.	
	(Usual place of abode)	1	city or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE O	FDEATH
Jewile 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR, DtVORCED (write the word)	21. DATE OF DEATH Soft 28	2 3
	Single	(Month)	(Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	0		100
(or) WIFE of	0 0	Self 25	That I ettended deceased from
	Fuer 30-1933	, 17-2, 10	15
7. AGE Years Months	4	l lest saw h_27 alive on Sylf. 28-	death is said
7. AGE Years Months	Days tf LESS than I day,hrs.	to heve occurred on the date stated above, et 1/1 344	
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of were es follows:	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	nous		
SAWYER, BOOKKEEPER, etc.		Clistera Infantin	
MINDUSTRY OF BUSINESS IN WHICH WORK WES DONE, ES SILK MILL, SAW MILL, BANK, etc			
O 10. Date deceesed last worked at	I1. Totel time (years)		
this occupetion (month end	spent in this occupation		
12. BIRTHPLACE (city or town) Man	2 2 5 1	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) Phace (Stete or country)	1		
	Carl To		************
13. NAME John Charles 14. BIRTHPLACE (city or town)	es arpenter		
I4. BIRTHPLACE (city or town)	md.	Neme of operation	Date of
(State or country)		Whet test confirmed diagnosis?	- Was there en autopsy?
15. MAIDEN NAME Many On	olet stutchered	23. If deeth wes due to external causes (VIOL ENCE) fill in e	elso the following:
15. MAIOEN NAME MAN Gr.	md.	Accident, suicide, or homicide? Date	
(Stete or country)		Where did injury occur?	
17. INFORMANT Elva Spee	ves (Sister)	Specify whether injury occurred in INDUSTRY, in HOME,	, county and State) or in PUBLIC PLACE
(Address) Car	mucheal me		
18. BURIAL, CREMATION, OR REMOVAL	n. 1 0 a	Manner of Injury	
Place Carmiched	Mate Dept, 279 33	Neture of Injury	
Cole (1.1.6	24. Was diseese or injury In any way related to occupation	
19. UNDERTAKER GOVEN	argenter mid	If so, specify	, ' ueceesea!
h- A1 39 2/	a Maria	(Signed)	relier
20. FILED 1933-VVe	en Il Manage	0170	use hel M.D.
	Local Registfor.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For suttoing time belong	TATEMENTS BY PHYSICIAN
Certificate of	

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	ini	st	COL	
	n of	onlo	000	
	-WRITE PLAINLY, WITH UNFADING INKTHIS IS A PERMANENT RECORD. Every item of infor-	mation should be serefully supplied. AGE should be stated EXACILY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ery	NS	ent	
	Eve	CIA	eme	
	SD.	YSI	stat	
b	COI	PH	et	
	RE		Exa	
	LZ	LY		
	NE	LO	ified	
	MA	A	assi	
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)	Z	be	EA	imp
	LA	pln	F D	ery
	I E	sho	0	SV
	RIT	ion	USE	TION is very important. See instructions on back of certificate.
	-W	mat	CAI	TIO

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09245
1. PLACE OF DEATH	95-E
County Luce Chure	Registration Dist. No. 252
Village or City Centreville	No. St., Ward
(If Length of residence in city or town where death occurredyrs,mpe	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
V. + 2/2 /2 /2	In o ale
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writethe word)	21. DATE OF DEATH Seft. 8.
mule white married	(Month) (Dey) (Year)
5e. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Frances Insley	22. I HEREBY CERTIFY, That I attended deceased from 1933 to Self 8 1933
6. DATE OF BIRTH (month, day, end year) New 3 - (1893)	I last saw h. Line alive on Seft 8 1933 death is said
7. AGE Yaars Months Oays VIF LESS than	to have occurrad on the date stetad above, et - 1 7 m.
40 6 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
9 Trade profession or particular	Date or onest
kind of work done, as SPINNER, Armuse SAWYER, BOOKKEEPER, atc. 9. Industry or businass In which work was done, as SILK MILL Low Oserver 10. Date deceased last worked at this occupation (month end	Acute Indegestion with 1 hour.
9. Industry or business In which work was done, as SILK MILL Sauce Oscars SAW MILL, BANK, atc	proserbly acute Wilstation
U 10. Date deceased last worked at 11. Total time (years)	gheart.
this occupation (month end spant in this occupation	
12. BIRTHPLACE (city or town) Centrevelle	Othar Contributory Causes of importance:
(State or country)	
II 13. NAME DN. J. K. J. Jacob	
13. NAME N. Tacology of town Cutterviels	Name of operation Data of
(State of Country)	What tast confirmed diagnosis? Wes there an autopsy? Li
15. MAIOEN NAME Name Ne Vanney 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to extarnal causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Cut two leaf	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whare did injury occur?
17. INFORMANT Ma J. T. J. Jacobs (Address) Court reviewe - W	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleca Court Court Oate Oate Oate 7, 193 3	Nature of injury
19. UNDERTAKER BARTON DO NAS	24. Was disease or injury in any way ralated to occupation of deceased?
(Address) Outhouble Mi	If so, specify
20. FILEO Sept 10, 1933 Mamis & Bright	(Signed) M. D.
Local Registrar.	(Addrass) Seitherthe Mc

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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cause of death and related causes were as follows:	Date of onset 1 week ago 1 week ago
ret car	1 week ago
	3 days ago
itory causes of importance:	1 year
bı	butory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

IARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state

بر	1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
UP	1	L PLACE OF DEATH	(19246) U9246
OCCUP		County Lucies auces	Registration Dist. No. 253
u		Village or City Collected	No. St., Ward
t o		Length of residence in city of town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
statement	2	2. FULL NAME Sarah Lavinia	Vones
tate		(a) Residence: No.	St., Ward.
	-	(Usual place of abode)	If nonresident give city or town and State
Exact	3.	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
. <i>-</i>	7	or DIVORCED (write the word)	23 193 3
hed	5a.	If married, widowed, on divorced HUSBAND of	(Molifi) (Day) (Yaar)
classified		(or) WIFE of Martin h. Louis.	22. I HEREBY CERTIFY That I attended deceased from
ري د	6	DATE OF BIRTH (month, day, and year) 444	I last saw h. 17 alive on Det 2 2 1933; death is said
erly		AGE Years Months Days If LESS than	to have occurred on the data stated above, at 4.2. m.
properly certificate.		89 0 1/2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be p	NO	8. Trade, profession, or particular kind of work done, as SPINNER, foruse wife SAWYER, BOOKKEEPER, etc.	Date of onset
	9. Industry or business in which		Julistual Odobrychen
may	CUP	work was done, as SILK MILL, SAW MILL, BANK, etc	from Chraverless
t it	ÖÖ	10. Date deceased last worked at this occupation (month and spent in this	1 / / / / / / / / / / / / / / / / / / /
that ons		year) occupation	Other Contributary Causes of Importance:
so	12.	BIRTHPLACE (city or town) (State or country)	
terms, so that instructions	ER	13. NAME Levine Midway	
به تب	FATH	14. BIRTHPLACE (city or town) Dorchesley Co	Name of operation Date of
60		(State or country)	What test confirmed diagnosis? Was there an autopsy?
in pl	HER	15. MAIDEN NAME Sophia Stalling	33-11 death was due to external causes (VIOL ENCE) fill in also the following:
TH in portant.	MOT	16. BIRTHPLACE (city or town) allung the	Accident, suicide, or homicide?
DEATH y impor	1	(State or country)	Where did injury occur?(Specify city or town, county and State)
	17. (Address)		Specily whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.
_	18.	BURIAL, CREMATION, DR REMOVAL	Manner of injury
NEN	_	Place Dure Dure Data Sept 20, 1933.	Nature of Injury
CAUSE TION is	19.	UNDERTAKER Stelling 6. Thomas	24. Was disease or Injury in any way related to occupation of deceased?
		(Address) Step Ensyrile ma	If so, specify
7	20.	FILED SEPTION 193 To Common Registrat.	(Signed) M. D. (Address) Allyclus Mrl le
)	п		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated EXACTLY. PHYSICIANS should state A PERMANENT RECORD. Every item of infor-Exact statement be properly classified. BINDING TION is very important. See instructions on back of certificate. FOR SI WITH UNFADING INK-THIS AGE should be IARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may Tarefully supplied. -WRITE PLAING mation should be

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF BEATH 19247
County Allen annes	Registration Dist. Np. 253
Village or City Phene	
Village of City.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ulwarla itues	<u> </u>
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Clay) (Year)
5a of married, widowed or divorced HUSBAND of	22. I HEREBY/CERTIFO That I ettended decessed from
(or) WIFE of hill Tule	Deto 9 (1933, 10 Deto 1/ 1933
6. DATE OF BIRTH (month, day, end yeer)	I lest saw her alive on 193 1/2 1/2 1938; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated bove, at b. H.m.
dhow (a) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were es follows:
8 Trade profession or particular	Data of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Kerebral of Markage
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et the occupation (month and	
10. Date deceased last worked et 11. Totel time (yeers)	9
this occupation (month and spent in this occupation	
12 PIRTURI ACT (cit. section)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E 13, NAME Olo. Drope	
14. BIRTHPLACE (city or town) suit Oslavia	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy? Was there and aulopsy?
IS. MAIDEN NAME Cleve Clauson	23. if deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or equator)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT M. J. DO LO DE LA COLOR DE L	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chester mal pate Sept /3, 1983	Nature of Injury
19. UNDERTAKER Kench W. Liga	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Steating dille 2 a. Cherry (not	If so, specify
20. FILED Pett 13 1933 F. C. Thomas	(Signed) M.D. Quydr M.D.
20. FILED Registrar.	(Address) Teverbuill
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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PHYSICIANS

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19. UNDERTAKER (Address)

Every

RECORD.

-WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 252 Village of City No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in cily or town where death occurred llow long in U.S. if of foreign birth? (a) Residence: No. Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word) medan (Month) (Dev) (Yaer) 5a. If married, widowed, or diverced HUSBAND of 22. ERTIFY. Thet I attanded decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yoars Months Days If LESS than 1 dey hrs. or min. Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.___ 1930 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (yeers) spent in this this occupation (month and year) _____ occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there en autopsy?..... MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Nature of Injury

If more blanks are needed, address Stafe Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

24. Was disease or Injury in any wey raleted to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury eausing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	=+	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF DEATH	- PEATT	
	County Jueen ann	Registration Dist. No. 25-	/
	Village or thering torum	No. St., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
		ds. How long in U.S. if of foreign birth?yrsmos	ds.
	(a) Residence: No. Uniontown mg (Usual place of abode)	Osi The warto town RD1 If nonresident give city or town and State	e
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) Name Of the world of the world)	21. DATE OF DEATH (Month) (Day) (Day)	3-3 (Yaar)
74	. If married, widowed, or divorced HUSBAND of (or) WIFE of Caleb Mahoney	22. i. HEREBY CERTIFY, That I attended deca	ased from
6.	DATE OF BIRTH (month, day, and year) June 2 1/888	10 8/1 /7 2/3	ath is said
7.	AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2 /m.	
	45 2 27 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:	A. of control
NOI	8. Trade, profassion, or particular kind of work done, as SPINNER, Housework SAWYER, BODKKEPPER, etc.		ta of onset
OCCUPATION	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic Myocardetis 19	726
000	10. Data dacaasad iast workad at this occupation (month and how spant in this occupation	(
12	BIRTHPLACE (city or town) I Cen Co, md. (State or country)	Other Contributory Canees of importance:	
ER	13. NAME Edward Johnson		
FATHER	14. BIRTHPLACE (city or town) I Cent Co, Md. (Stata or country)	Name of operation	71-4
TER	15. MAIDEN NAME Saltie Brown	What tast confirmed diagnosis? Was there an autop: 23. If death was due to external causas (VIOLENCE) fill in also the following:	sy?_250_
MOTHER	16. BIRTHPLACE (city or town) Cheshotown, and (State or country)	Accidant, suicide, or homicida? Date of injury	, 19
. 17.	INFORMANT Cileb Mahoney (Address) Chestertown RATI and	(Specify city or town, county and State) Specify whether injury occurrate in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION, OR REMOVAL Place Rich ne ex Data Sept 18,19 33	Manner of injury	
19	UNDERTAKER Thom. H. Good hid hid.	24. Was disease or injury in any way ralated to occupation of deceased? Yes	0 /
20.	FILED Sept 18,1933 W. St. Good Registrar.	(Signed) It Jengel Symmons (Address) Chalatertown m	M.D.

V. S. No. 1

B.-WRITE PLAIN

stated EXACTLY. PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.-Every Item of the tion should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. I RECORD MARGIN RESERVED FOR BINDING ITH UNFADING INK-THIS IS A PERMAN WRITE

V S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County July Cull	CERTIFICATE OF DEATH
	Registration Dist. No. 254
Village or City Fassualle (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME / MARY	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pennale White (Write the word)	16 DATE OF DEATH Security 18, 19933 (Month) (Day) (Year)
Marcle 1, 1852 (Month) (Day) (Year)	that I last saw h Lalive on 2 10 1923.3
7 AGE Sthan I day hrs. 6 mos. 6 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) I rade, profession or particular kind of work	Mrseure Countseaus
(b) General nature of industry business, or establishment in	
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Walle helffust
10 NAME OF Support Stations	(Signed Assessed M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME O	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Clina // Matthews 13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place in the State yrs mos ds.
(State or Country) / CANG CAULE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
Plane Pe	Former or usual residence
(Address) Frasonille Md.	Centreille Md. Sept. B. 1933
Filed Sept. 11 1993 - Thelen M. aldrids	Daton Bros. Centrearly
If more banks are needed, addre.s tate Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coat mine, etc. wounden at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal menia, itis"); Diphtheria (avoid use of "Croup"); Sinal menia, itis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondar; or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.Y by Committee on Nomenclature Chronic etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.—WRITE PLANKY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state PHYSICIANS should state Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING MARGIN RESERVED

See instructions on back of certificate.

TION is very important.

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of OCCUPA.

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH

1. PLACE OF DEATH	(59) 09251
County Quean aune	Registration Dist. No. 252
Village or City reas Contrevile	No. St. Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tester Plumer	
(a) Residence: No. Rentrankle R 7. 3 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Seft 21. 1933
5a. If married, widowed, or divorced	(Month) (Oey) (Year)
HUSBANO of (or) WIFE of Zone.	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end yeer) Seft 20-1933	I lest saw h ev elive on Syft 2. D. , 1933; deeth is seld
7. AGE Years Months Deys If LESS than	to heve occurred on the date steted above, at 3 3 m.
O a O layed futhrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:
8 Trade profession or particular	- Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Gremature Burg
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed last worked et this occuration (month) and	
SAW MILL, BANK, etc.	
10. Dete decessed last worked et this occupation (month and yeer) occupation	
12. BIRTHPLACE (city or town) 2nd	Other Coutributory Causes of importance:
(State or country)	
13. NAME Frank archibald Phones	
4 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Mary met Corden	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Mrs Frank & Plum (Small (Address) (Address)	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Home Jam Date Dept. 20, 19 33	Neture of Injury
19. UNDERTAKER Frank a, Plesmoner, Jather	24. Was disease or injury in any wey related to occupetion of deceased?
20. FILEO Sept 28, 1933 Thamis & Bright	(Signed) (Signed) (Address) M. D.
Cocal Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife nanswer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ICE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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on back of certificate.

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statement of

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	09252
1PLACE OF DEATH	STATE OF MARYLAND
County Queen anne	CERTIFICATE OF DEATH
Willes	Registration Dist. No. 255
illage or City Millingter (No	St.: Ward) (If death occurred in a hospital or Institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White. Single. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 9, 1933 (Month) (Day) (Year)
March 17, 1868 (Month) (Day) (Year)	I HEREBY CERTIFY, That Lattended the deceased from 1923, to 1923, that I hast saw held alive on defett 7, 1923,
AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at 1. 43 P.m. The CAUSE OF DEATH * was as follows: Carolitis
occupation (a) Trade, profession or Paintee particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)ds,
BIRTHPLACE (State or country) Manylonel.	Contributory Secondary (Duration)
10 NAME OF SEV. C. Perter.	(Signed) M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sally Carlisle.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
(Informant) Frances . Emery.	if not at place of dea.h? Former or usual residence
(Informant) J. W. Guard Carl. Phila Pa.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

DERTAKER

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Consus and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. busines. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screent, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it Civil engineer, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery,

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhvid fewer (never report "Typhvid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E:haustion," "Heart failure, Haemorrhage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL perdonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably sucide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic etc. The valvular heart disease; Nomenclature of the contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Year)

Date of eneet

Was there an autopsy?____

If more blanks are needed, address Slate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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